

Case Number:	CM15-0074955		
Date Assigned:	04/24/2015	Date of Injury:	01/09/2014
Decision Date:	05/27/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female who sustained an industrial injury on 01/09/2014 when she fell from a ladder. The injured worker was diagnosed with post-concussion syndrome, cognitive disturbance and neck sprain/strain. The injured worker is status post a left parietal epidural bleed the day of injury. Treatment to date includes conservative measures, multi neuropsychiatric evaluations, Cognitive Behavioral Therapy (CBT) sessions and medications. According to the primary treating physician's progress report on March 18, 2015, the injured worker continues to experience memory and concentration difficulties. The injured worker reports improvement in her headaches but continues to have olfactory sensation loss. A mocha test was performed noting the injured worker scored 27/30 missing on points related to attention and multi-tasking. Current medications are listed as Amitriptyline, Cymbalta and Gralise. Treatment plan consists of reducing the dose of Amitriptyline and the current request for cognitive therapy 5 days a week for 5 weeks/psychotherapy times 12.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cognitive therapy 5 days a week for 5 weeks/ psychotherapy x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Psychotherapy guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Cognitive Therapy.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological/neuropsychological evaluation with [REDACTED] and [REDACTED] in April 2014. In the report, it was recommended that the injured worker receive follow-up cognitive rehabilitation therapy to help alleviate her cognitive symptoms. It does appear that the injured worker began receiving weekly cognitive therapy following this evaluation. In their psychological/neuropsychological re-evaluation from February 2015, it is noted that the injured worker had been receiving psychotherapy from a [REDACTED]. Unfortunately, none of [REDACTED] progress notes nor reports are included for review. Without information about the completed sessions including the exact number of sessions completed and the objective functional improvements made from those sessions, the need for additional treatment cannot be fully determined. Additionally, the request for "cognitive therapy 5 days a week for 5 weeks/ psychotherapy X12" is confusing. As a result of insufficient information submitted and an unclear request, the request under review is not medically necessary.